

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITIVE | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | TH | 953 | 1/5 |
| FORMALITY REVIEW | | | 01-18-01 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
|----------------|-----------|
| Final Original | |
| 1 | ✓ 1/20/01 |
| 2 | ✓ |
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| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions
 staple additional sheet here

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Best Available Copy